

Bennington Health District

2012 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2014

 **VERMONT**
DEPARTMENT OF HEALTH

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What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2012 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2012.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH's Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of Bennington Health District*

The next few pages describe the demographic makeup of Bennington area adults in 2011-2012.

Less than half of Bennington adults are male. Two-thirds of adult Bennington residents are 25-64, with a quarter ages 65 and older.

- Bennington residents are significantly more likely than Vermont adults overall to be 65 and older (25% vs. 20%).

More than four in ten Bennington area adults have a high school degree or less.

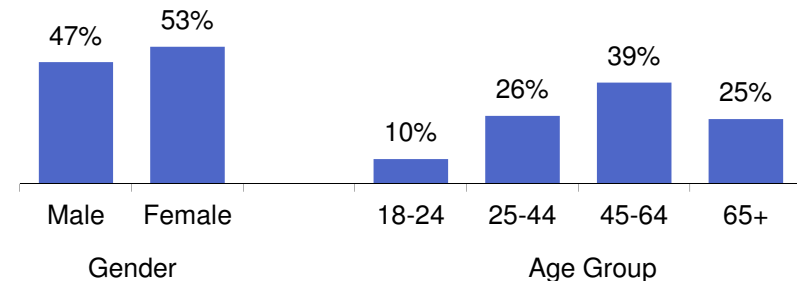
- Bennington area adults report similar a similar education distribution as those in Vermont overall.

About four in ten Bennington adults lives in a home making \$50,000 or more annually, a significantly lower rate than that among Vermont adults overall (39% vs. 47%).

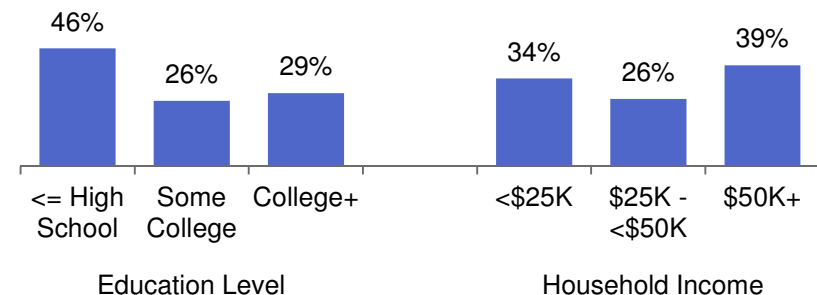
- Bennington adults are also significantly more likely than Vermont adults overall to live in homes making less than \$25,000 per year (34% vs. 26%).

Three percent of adults in the Bennington area report being a racial or ethnic minority. This is similar to the five percent reported among Vermont adults overall.

**Bennington Residents
by Gender and Age**



**Bennington Residents
by Socio-Economic Status**



*See page 27 for a list of the towns included in the Bennington Health District.

Demographics of Bennington Health District

Almost six in ten Bennington adult residents are currently employed, while two in ten are retired. Less than ten percent each said they are unable to work, a student or homemaker, or unemployed.

- Bennington adults are significantly more likely than Vermonters overall to be retired (20% vs. 17%).

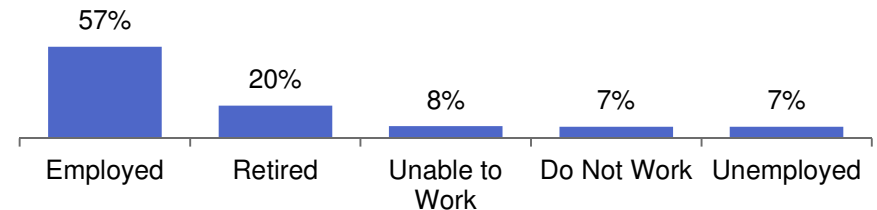
More than half of Bennington adults are married. One in five have never married, while fourteen percent are divorced. Seven percent or fewer are each widowed or part of an unmarried couple.

- Reported marital status among Bennington area adults was similar to that for Vermont overall.

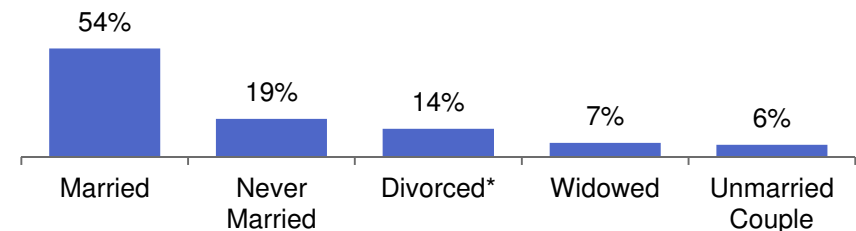
Seven in ten Bennington adults said there are no children under the age of 18 in their home. Six percent reported having three or more children.

- The number of children in the home reported by Bennington area adults was similar to that for Vermont overall.

**Bennington Residents
by Employment Status**

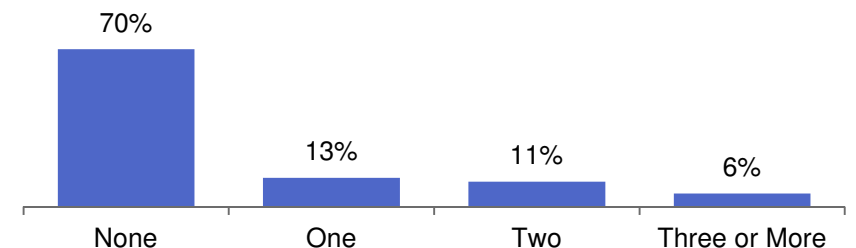


**Bennington Residents
by Marital Status**



*Includes those who reported their marital status as divorced or separated.

**Bennington Residents
by Children in Household**

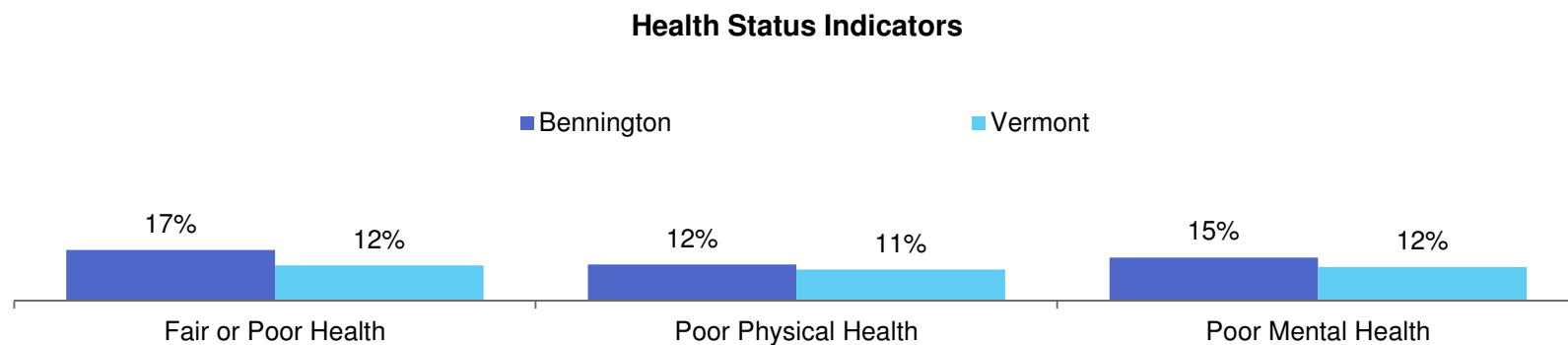


Health Status Indicators

In 2011-2012, one in six Bennington area adults reported fair or poor general health. Fewer, about one in eight reported having poor physical health, while fifteen percent said they had poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

Bennington area adults are significantly more likely than Vermont adults to report being in fair or poor general health (17% vs. 12%).



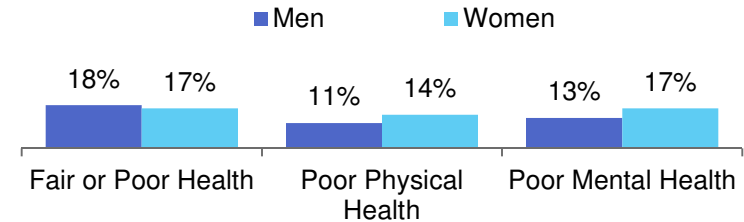
Health Status Indicators

Rates of fair or poor general health, poor physical health and poor mental health do not differ significantly by sex or age, among Bennington area adults .

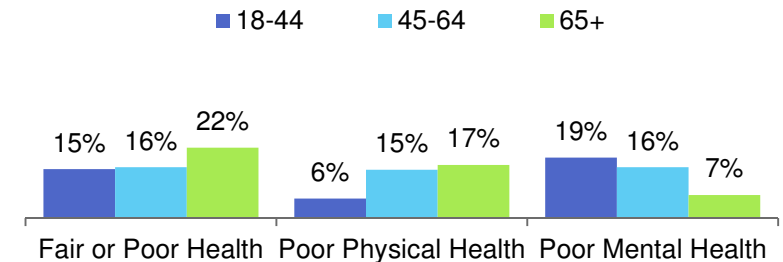
Among Bennington adults, regardless of the measure, poor health is highest among those adults with the lowest annual household incomes. This was true regardless of the measure.

- Adults in homes making less than \$25,000 per year were significantly more likely than those in homes making \$50,000 or more per year to report fair or poor general health (30% vs. 6%), poor physical health (20% vs. 6%) and poor mental health (24% vs. 6%).

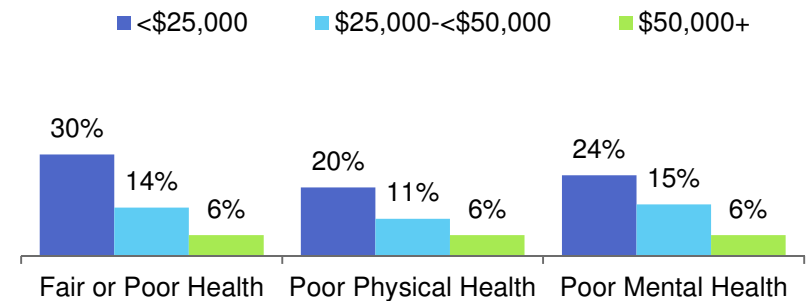
**Health Status Indicators by Gender
Bennington Adults**



Health Status Indicators by Age



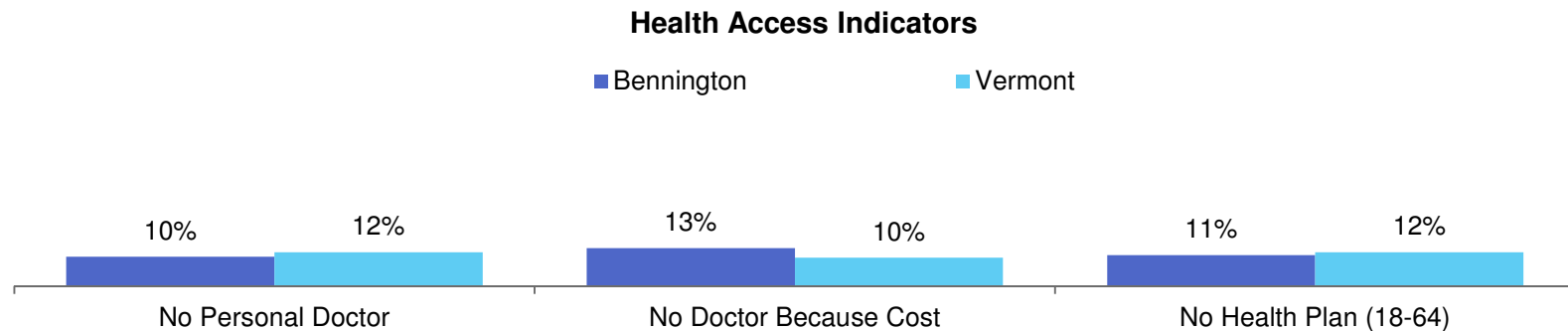
Health Status Indicators by Income Level



Health Access Indicators

In 2011-2012, one in ten adults in the Bennington area said they do not have a personal doctor for health care, while about one in eight said they needed care in the last year but did not seek it due to the cost. Among Bennington area adults ages 18-64, eleven percent said they do not have health insurance.

There are no statistical differences in any health access measures, as compared with Vermonters overall.



Health Access Indicators

There are no statistically significant differences by gender in not having a personal doctor, delaying care because of cost, or not having a health plan, among Bennington area adults.

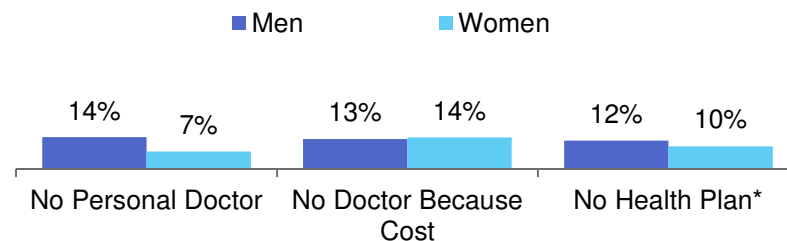
Poor health care access decreases with increasing age.

- Bennington adults 18-44 are significantly more likely than those 45 and older to not have a personal doctor.
- Those 18-44 are also significantly more likely than those 45 and older to report delaying care due to cost.

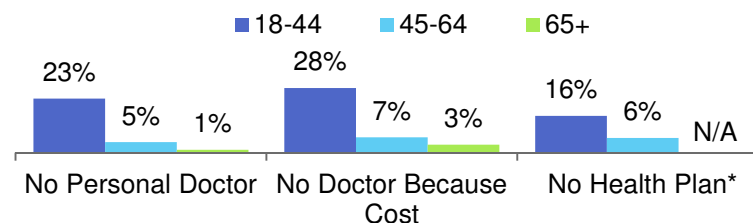
Adults in the Bennington area who have higher annual household incomes are less likely to report poor health care access, regardless of the measure.

- Bennington adults in homes making less than \$50,000 per year are significantly more likely to not have health insurance than those in homes making \$50,000 or more.
- There are no statistically significant differences by income level for not having a personal doctor or delaying care due to cost.

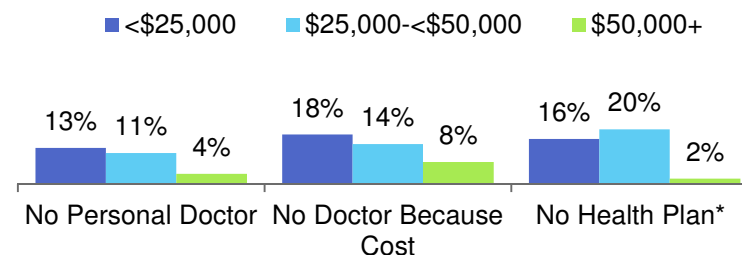
**Health Access Indicators by Gender
Bennington Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

Less than a quarter of Vermont adults reported having a disability (21%) in 2012. This is statistically similar to the 29% reported among adults in the Bennington area.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

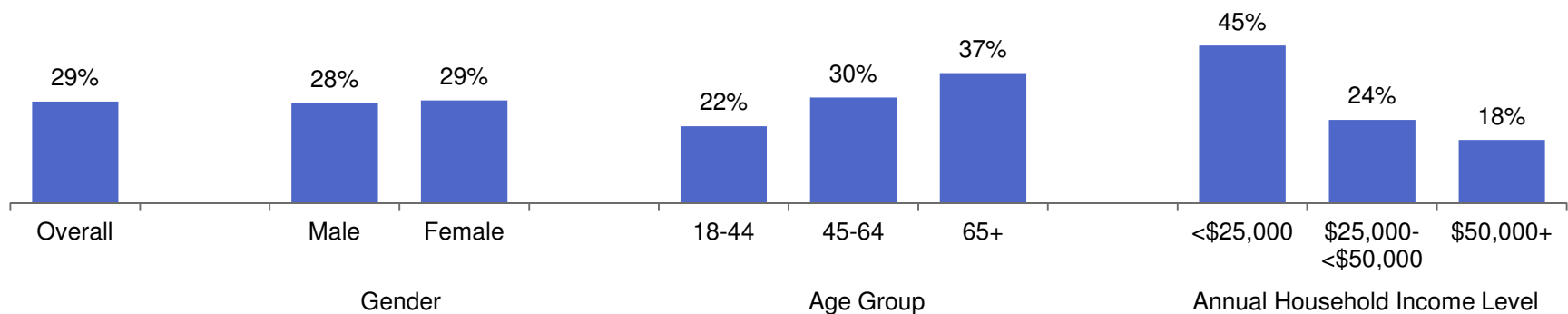
Men and women in the Bennington area report being disabled at the statistically similar rates.

Reported disability among Bennington adults increases with increasing age, however, none of the differences are statistically significant.

Bennington area adults with lower annual household incomes are more likely to be disabled.

- Adults in homes making less than \$25,000 per year are significantly more likely to report being disabled, compared with those in homes making \$25,000 or more.

**Disability, Overall and by Sub-groups
Bennington Adults**



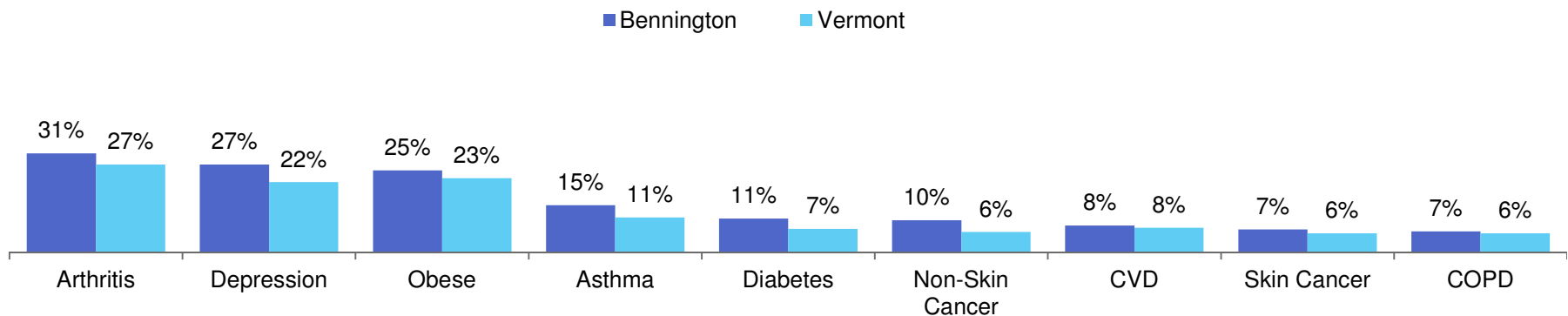
Chronic Conditions

Bennington area adults reported statistically higher rates of diabetes and non-skin cancer compared with Vermont adults.

- Eleven percent of adults in the Bennington area reported having diabetes, while seven percent of Vermont adults reported the same.
- One in ten (10%) Bennington area adults said they have ever been diagnosed with non-skin cancer, compared with one in sixteen (6%) Vermont adults.

Adults in the Bennington area reported similar rates of the following chronic conditions as compared with Vermont adults overall: arthritis, depressive disorders, obesity, asthma, cardiovascular disease, skin cancer, and chronic obstructive pulmonary disease (COPD).

Prevalence of Selected Chronic Conditions



CVD = cardiovascular disease

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Chronic Conditions

The prevalence of arthritis, depressive disorders, obesity and asthma do not differ significantly by gender, among Bennington residents.

Arthritis prevalence among Bennington area adults increases with increasing age.

- All differences by age are statistically significant.

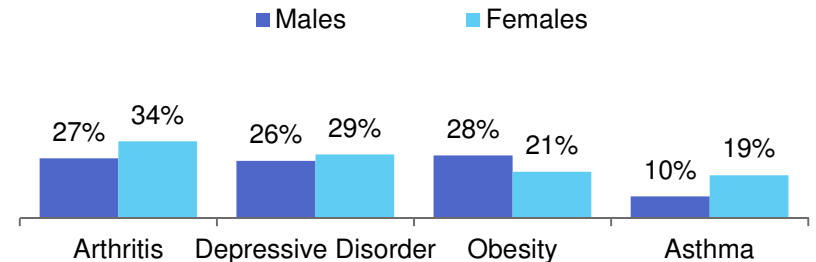
The proportion with an asthma diagnosis decreases with increasing age. Adults 18-44 are significantly more likely to report having asthma than those 65 and older (23% vs. 10%).

There are no significant differences in depressive disorders or obesity by age.

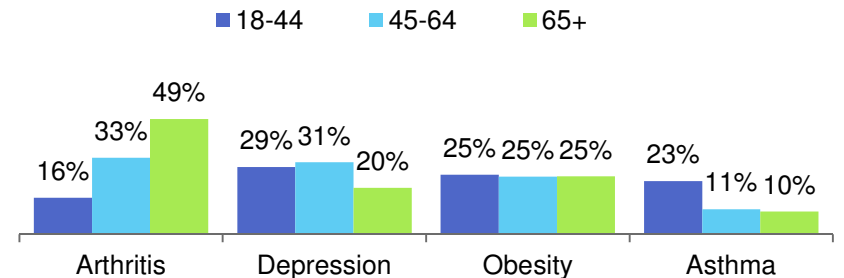
The prevalence of arthritis, depressive disorders, and obesity among Bennington adults all decrease as reported annual household income increases.

- Arthritis and obesity prevalence are significantly lower among those in homes making more than \$50,000 annually compared to those in homes making less than \$25,000 per year.
- The proportion with a depressive disorder is significantly lower among those in homes making \$25,000 or more per year, as compared with adults in homes making less.
- There are no statistically significant differences in asthma prevalence by annual household income level.

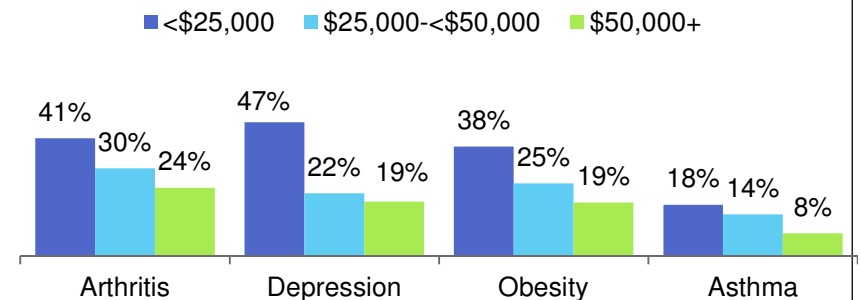
**Chronic Conditions by Gender
Bennington Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes, or COPD.

Reported cardiovascular disease and COPD rates among Bennington area adults are highest among older adults.

- Bennington adults 65 and older are significantly more likely to report cardiovascular disease and COPD than those 45-64.

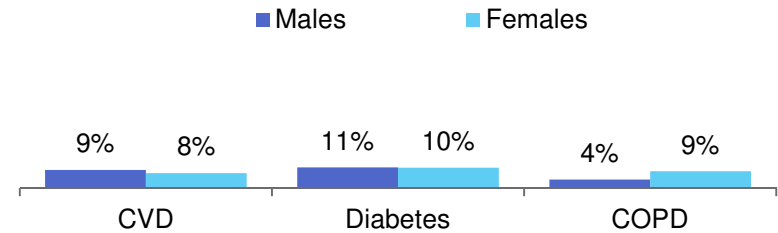
There are no statistical differences in diabetes prevalence by age among Bennington area adults.

Bennington area adults living in homes with less income are more likely to say they have COPD.

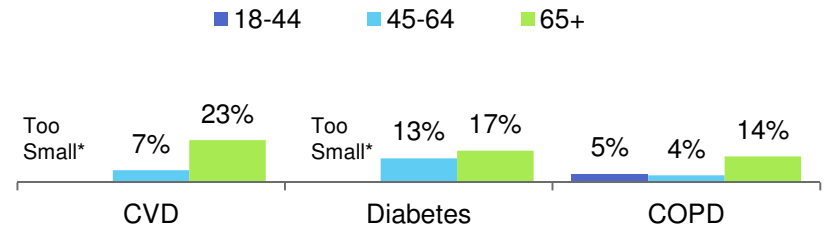
- Those in homes making less than \$25,000 per year are significantly more likely than those in homes making \$50,000 or more to report having COPD.

There are no significant differences in cardiovascular disease and diabetes prevalence by annual household income level.

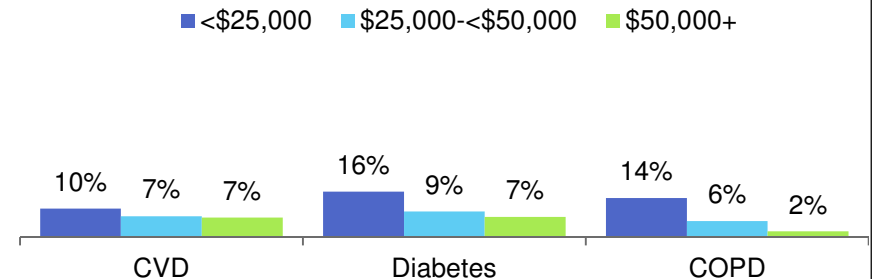
**Chronic Conditions by Gender
Bennington Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Chronic Conditions

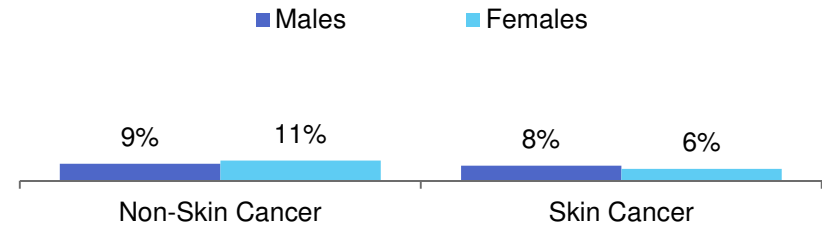
There are no statistical differences in the prevalence of non-skin cancer or skin cancer by gender, among Bennington adults.

In adults from the Bennington area, the prevalence of both skin and non-skin cancers increases with increasing age.

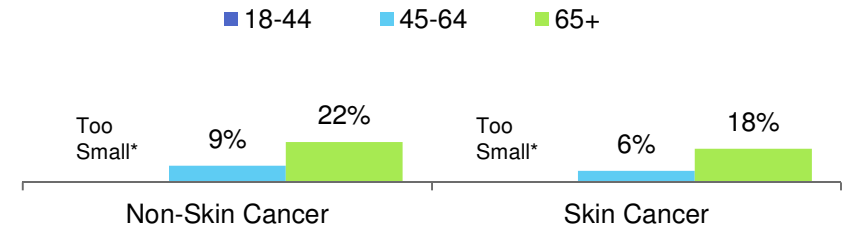
- The prevalence of skin and non-skin cancers are both statistically higher among adults 65 and older compared to adults 45-64.

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level, among Bennington adults.

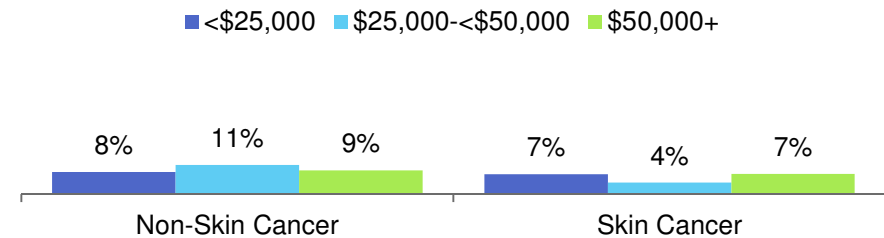
**Chronic Conditions by Gender
Bennington Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

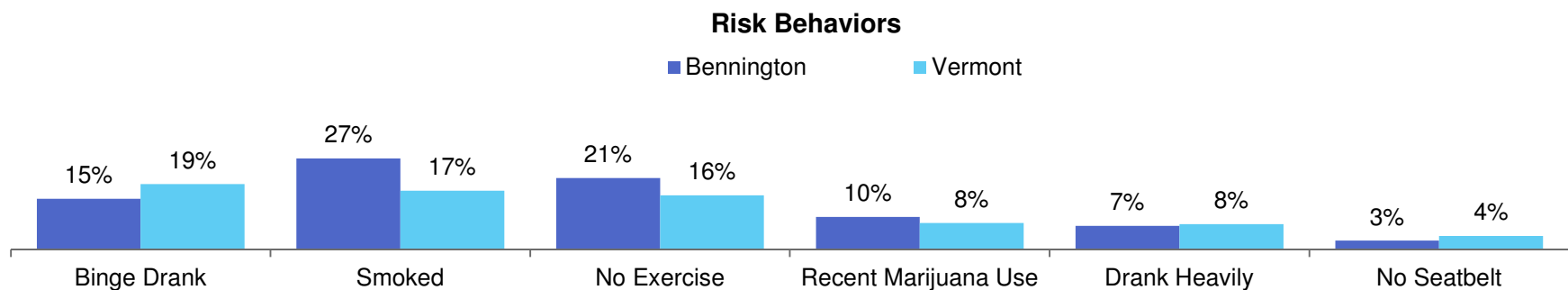
Risk Behaviors

In 2011-2012, more than a quarter (27%) of Bennington adults report currently smoking. This is significantly higher than the 17% reported among Vermont adults overall.

- Of smokers, 54% said they tried to quit smoking at least once during the previous year. This is similar to the 62% reported among Vermont smokers.

Bennington area and Vermont adults report similar rates of binge drinking (15% vs. 19%), no physical activity (21% vs. 16%), recent marijuana use (10% vs. 8%), heavy drinking (7% vs. 8%), and seldom or never wearing a seatbelt (3% vs. 4%).

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women.
- Heavy drinking was defined as more than two drinks per day for men and more than one for women.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

Risk Behaviors

There are no statistically significant differences in smoking or not participating in physical activity by gender, among Bennington area adults.

Among adults in the Bennington area, smoking rates decrease with increasing age.

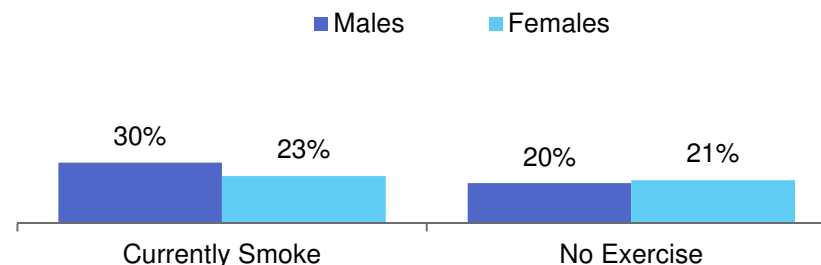
- All differences in smoking prevalence by age are statistically significant.

Conversely, not participating in physical activity is highest among older adults. However, none of the differences by age are statistically significant.

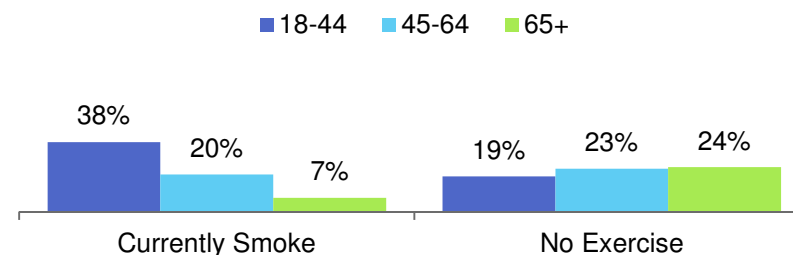
Bennington area adults in homes with more income are less likely to smoke or not participate in physical activity.

- Adults in homes making \$25,000 or more are significantly less likely to smoke than those in homes with less income.
- Bennington adults in homes making \$50,000 or more are significantly less likely to report not participating in any physical activity as compared with those in homes making less than \$25,000 annually.

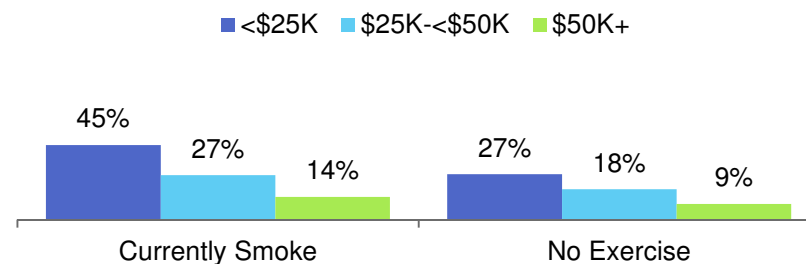
**Risk Behaviors by Gender
Bennington Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

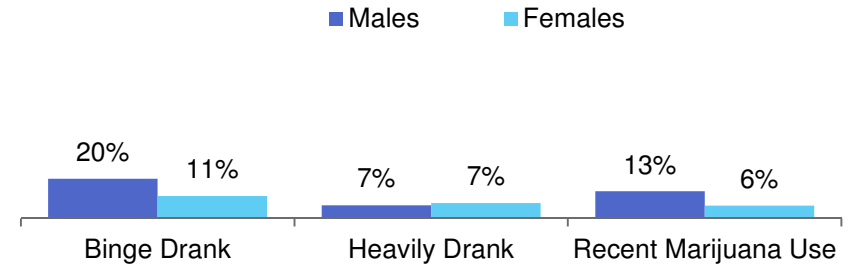
There are no statistical differences in binge drinking, heavy drinking, or recent marijuana use by gender, among Bennington adults.

Binge drinking and recent marijuana use all decrease with increasing age.

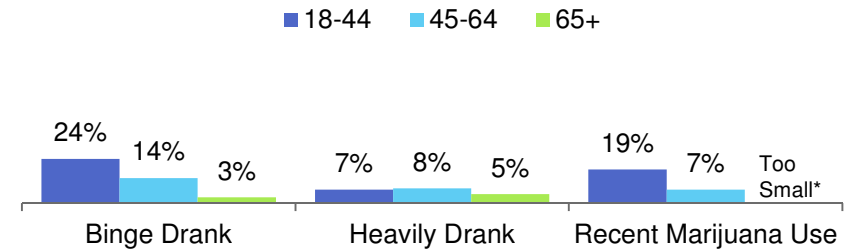
- Adults 65 and older are significantly less likely than those 18-64 to report binge drinking during the previous month (3% vs. 19%).
- Heavy drinking and recent marijuana use do not differ significantly by age.

Also, there were no statistical differences in binge drinking, heavy drinking, or recent marijuana use among Bennington adults by annual household income level.

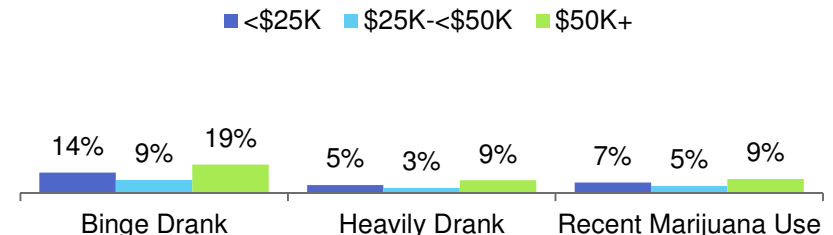
**Risk Behaviors by Gender
Bennington Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



*Sample size is too small to report

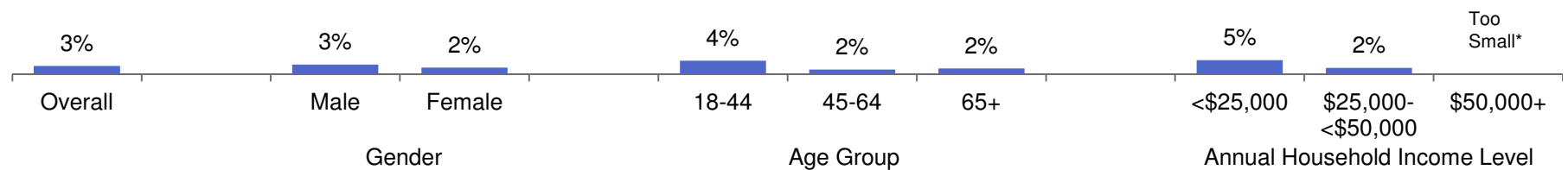
Risk Behaviors

Overall, less than one in twenty (3%) adults in the Bennington area said they seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent of Vermont adults who reported the same.

Bennington area men and women reported never or seldom wearing seatbelts at statistically similar rates (3% vs. 2%).

Adult non-use of seatbelts in the Bennington area also does not differ by age or annual household income level.

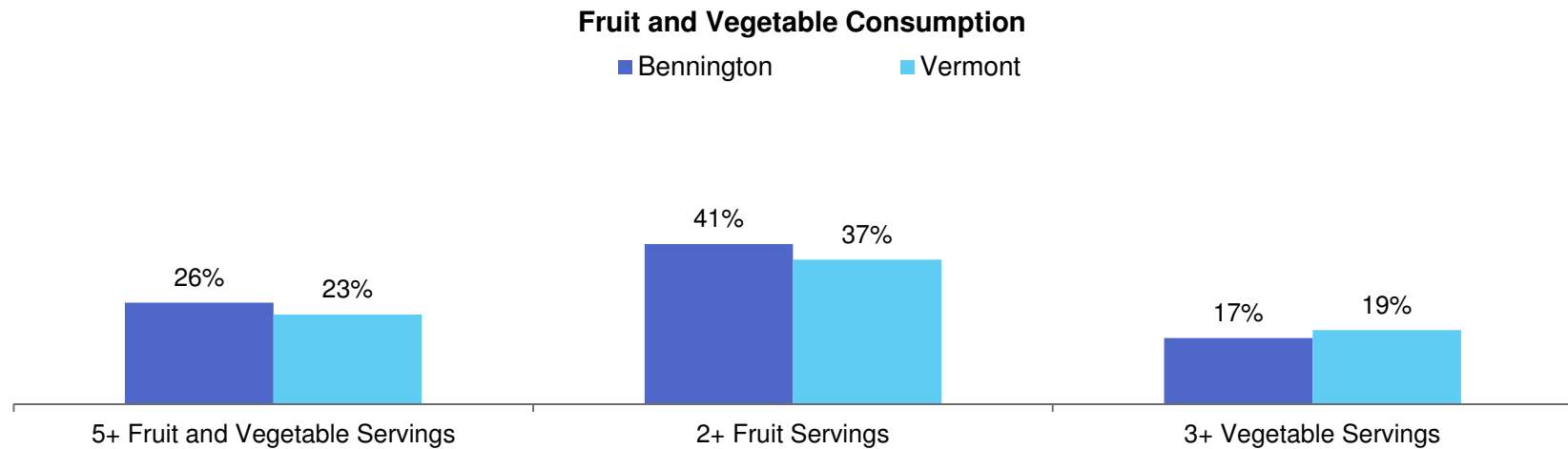
**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
Bennington Adults**



Preventive Behaviors

In 2011, about a quarter (26%) of Bennington area adults reported eating the recommended five or more fruit and vegetable servings per day. Four in ten ate two or more fruits and 17% reported eating three or more vegetable servings.

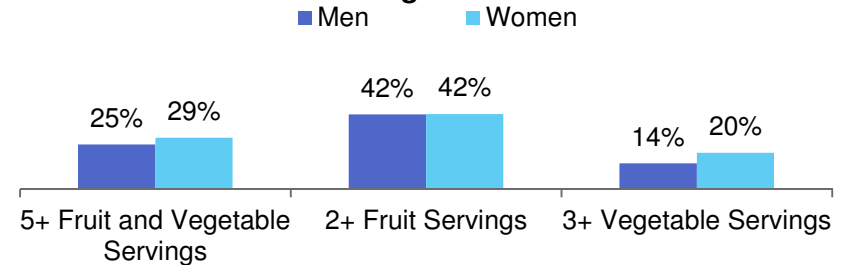
Bennington area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults.



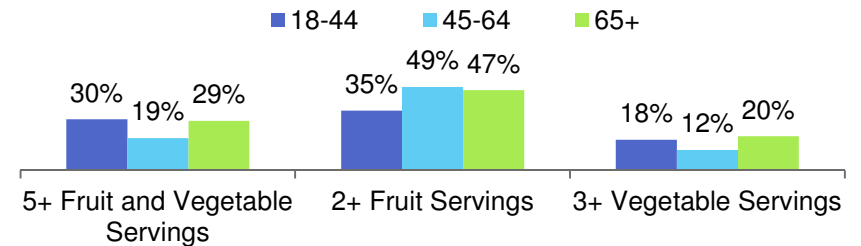
Preventive Behaviors

There are no statistical differences in the consumption of fruits and vegetables by gender, age, or annual household income level, among Bennington area adults.

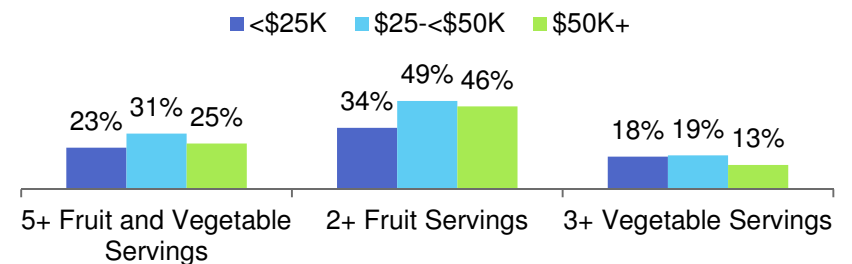
**Preventive Behaviors by Gender
Bennington Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: Fruit and vegetable data, except that by age, are age adjusted to the U.S. 2000 standard population.

Preventive Behaviors

In 2011, about six in ten (59%) Vermont adults reported meeting physical activity recommendations*. This is similar to the 55% reported among Bennington area adults.

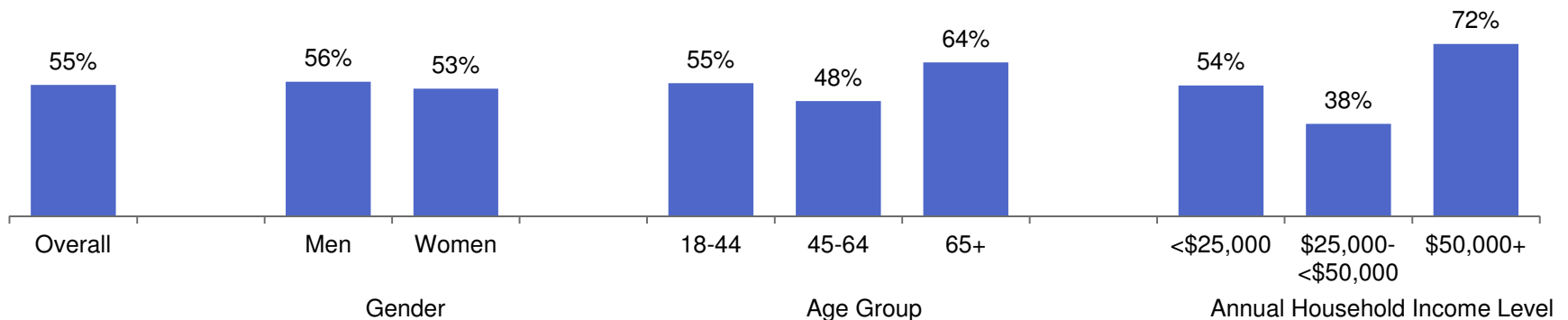
Men and women in the Bennington area reported meeting physical activity recommendations at statistically similar rates, 56% for men and 53% for women.

There are no significant differences in meeting physical activity recommendations by age, among Bennington adults.

Meeting physical activity recommendations was highest among those with household incomes of \$50,000 or more per year.

- Nearly two-thirds of Bennington adults in homes with incomes of \$50,000 or more per year reported meeting physical activity recommendations. This is significantly higher than the 38% among those in homes making \$25,000 to less than \$50,000 annually.

**Met Physical Activity Recommendations, Overall and by Sub-groups
Bennington Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

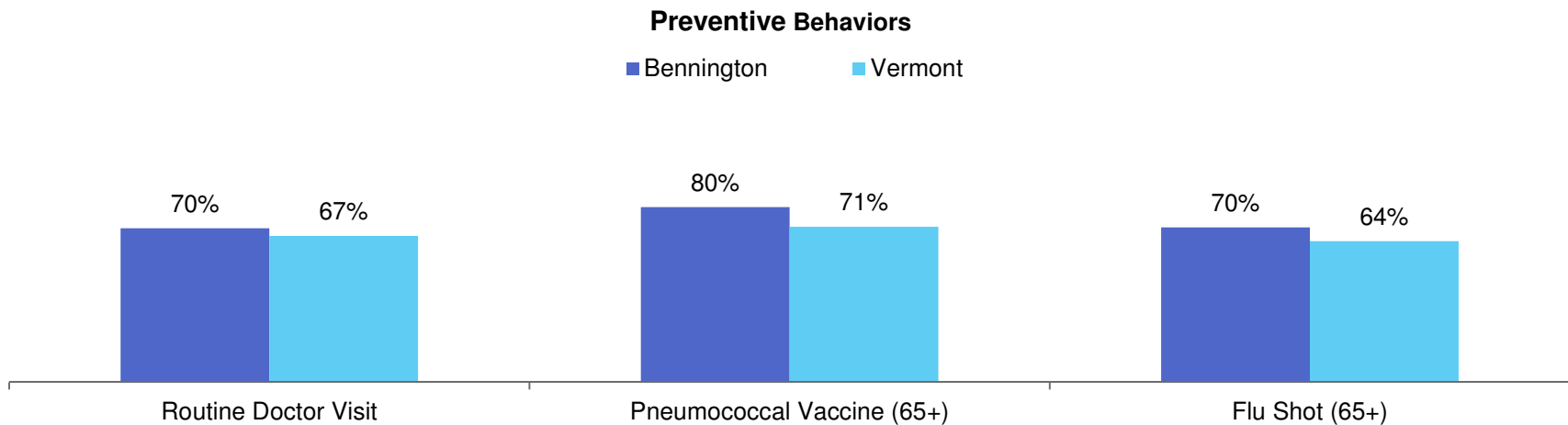
www.cdc.gov/physicalactivity/everyone/guidelines/index.html

Preventive Behaviors

Seven in ten adults in the Bennington area said they saw their doctor for a routine visit in the previous year. This is similar to the 67% reported among all Vermont adults.

Eight in ten Bennington area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer, 70% reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Bennington adults, 71% and 64%, respectively.



Preventive Behaviors

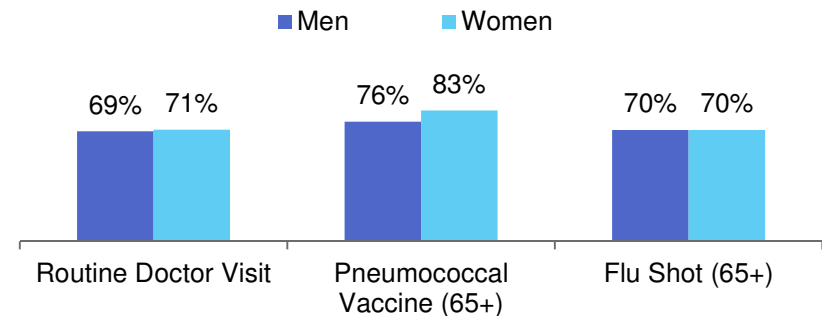
There are no differences, among Bennington area adults, in the occurrence of routine doctor visits by gender. The same is true for vaccination rates among adults 65 and older.

Among Bennington area adults, annual routine visits to the doctor increase with age.

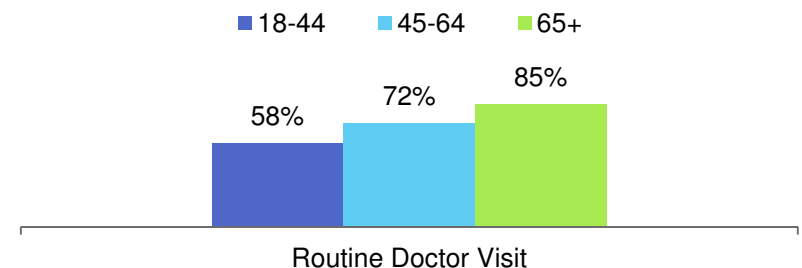
- Adults 65 and older are significantly more likely to have had a routine doctor visit than those in younger age groups.

There are no differences, among Bennington area adults, in the occurrence of routine doctor visits, pneumococcal vaccination, or flu shots by annual household income level.

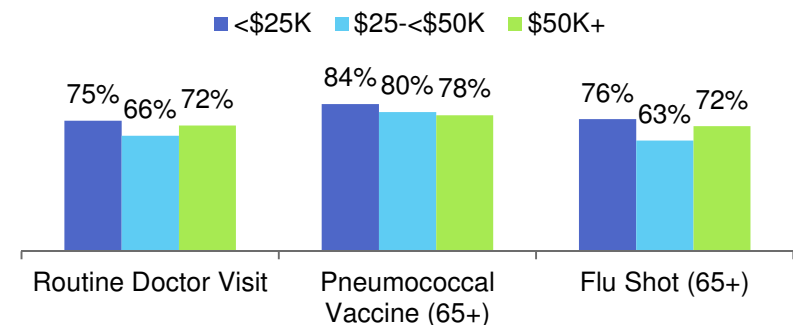
**Preventive Behaviors by Gender
Bennington Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



HIV Screening

In 2011-2012, a third of Bennington area adults had ever been tested for HIV. This is statistically similar to the 30% reported among Vermont adults overall.

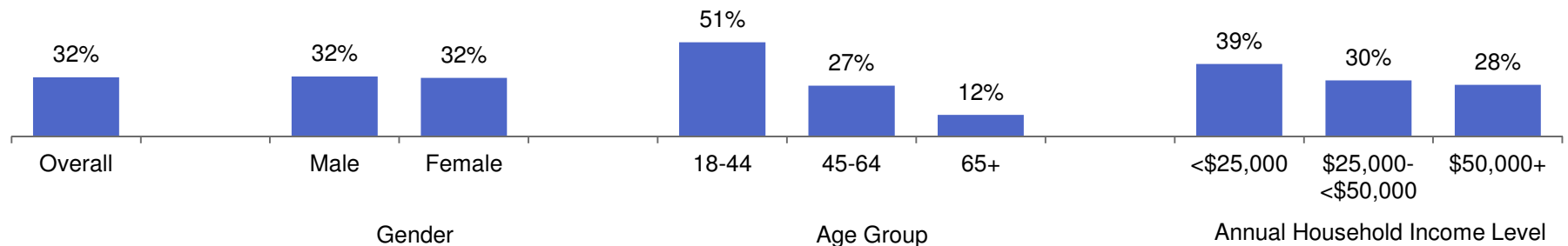
Men and women in the Bennington area report HIV testing at similar rates.

Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no differences, among adults in the Bennington area, in HIV testing by annual household income level.

**Ever Had HIV Test, Overall and by Sub-Groups
Bennington Adults**



Cancer Screening

In 2012, eight in ten (81%) women ages 50-74 in the Bennington area reported meeting breast cancer screening recommendations. This is similar to the 82% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

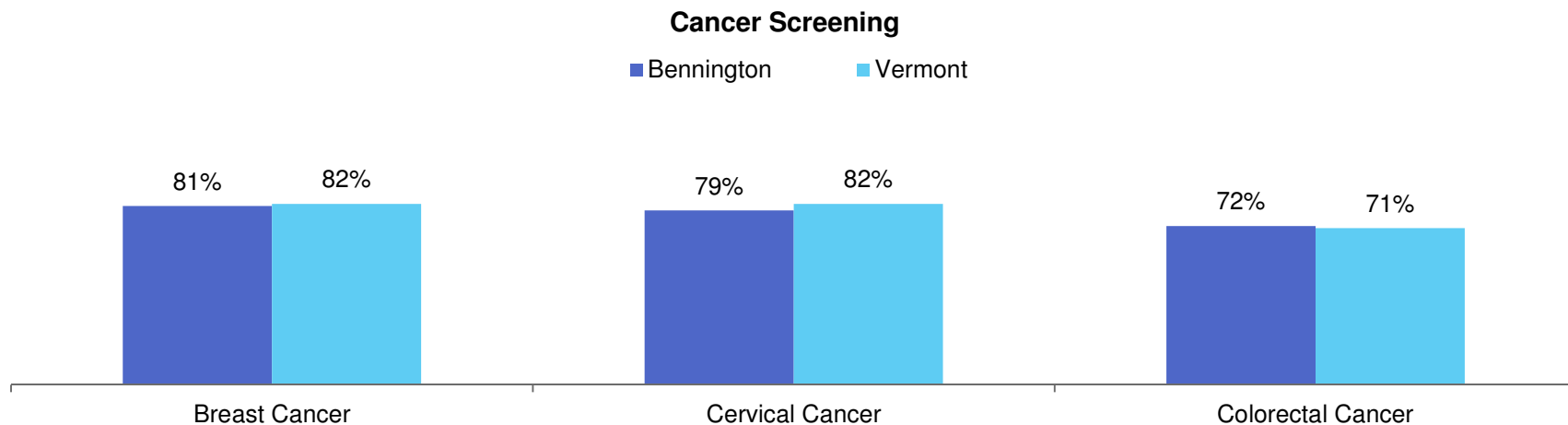
Seventy-nine percent of women 21 and older who live in the Burlington area met cervical cancer screening recommendations, statistically similar to the 82% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Bennington area, less than three-quarters (72%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Data on cancer screenings are not broken out by subgroup as the screening recommendations are already limited by age and/or gender.



Community Safety and Resources

More than half of Bennington area adults said they use community resources for physical activity (e.g. parks, playgrounds and sports fields). As compared with Vermont adults, those living in the Bennington area are as likely to use community resources for physical activity (58% vs. 56%).

Men and women in the Bennington area use physical activity community resources at similar rates.

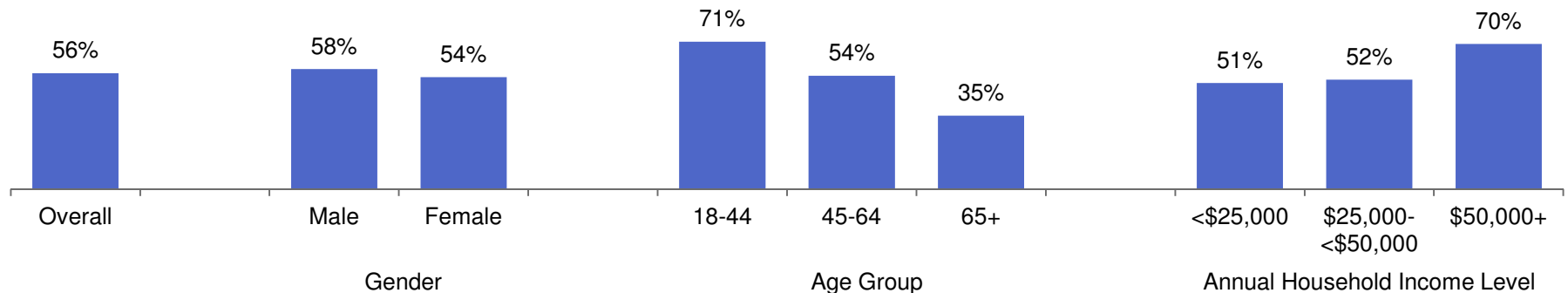
Use of community resources for physical activity decreases with increasing age.

- Adults 65 and older are significantly less likely to report use compared with those in younger age groups.

Bennington area adults' use of community resources for physical activity increases with increasing annual household income level.

- Adults in homes making \$50,000 or more annually are significantly more likely to use community resources for physical activity than those in homes with less income.

**Use Community Resources for Physical Activity, Overall and by Sub-Groups
Bennington Adults**



Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

Towns included in the Bennington Health District are: Arlington, Bennington, Dorset, Glastenbury, Landgrove, Manchester, Peru, Pownal, Readsboro, Rupert, Sandgate, Searsburg, Shaftsbury, Stamford, Sunderland, Winhall, and Woodford.